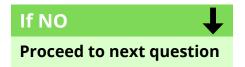
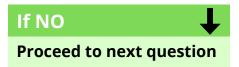
## COVID-19 **Screening Questions**

- 1. Do you have any of the following symptoms?
  - Feverish or chills
  - Dry cough or difficulty breathing that is unusual for you and started in the past 14 days?
  - Stomach troubles that are unusual for you and started in the past 14 days i.e. diarrhea, stomach pain, or feeling sick to your stomach.



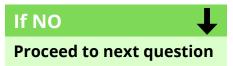


2. Have you experienced any symptoms that are unusual for you in the last 14 days but are now symptom free because you took medication?





3. Have you had close contact (within 6 feet for more than 30 minutes) with a confirmed/probable case of COVID-19?







Require the worker to wear a face mask and gloves and avoid contact with others then proceed with questions. PROCEED to next question.

4. Other than required travel for work or essential activities, have you traveled internationally or across state lines in the last 14 days?





While traveling, did you come in close contact (within 6 feet for more than 30 minutes) with a large crowd or anyone who is potentially sick?







Proceed to temp check

Require worker to wear a face mask and gloves and avoid contact with others, then **PROCEED** to temp check.

<sup>\*</sup>A Support Area is an area containing concentrations of personnel and material ready to support potentially COVID-19 infected workers.